Durable Medical Equipment

4.209 Durable Medical Equipment

4.209.1 Definitions

"Durable Medical Equipment" (DME) means equipment and appliances that:

(a) Are primarily and customarily used to serve a medical purpose,
(b) Are generally not useful to an individual in the absence of disability, illness, or injury,
(c) Can withstand repeated use, and
(d) Can be reusable or removable.

This definition is in accordance with the federal Medicaid definition of equipment and appliances found at 42 CFR§440.70(b)(3)(ii).

4.209.2 Covered Services

(a) Vermont Medicaid publishes and maintains a list of pre-approved items of DME. Items of DME that are not pre-approved are subject to prior authorization review.

4.209.3 Qualified Providers and Vendors:

(a) DME vendors must be enrolled in Vermont Medicaid.

(b) DME must be ordered by a physician who is enrolled in Vermont Medicaid and working within the scope of his or her practice.

(c) The following non-physician practitioners (NPP) may perform the face-to-face encounter as required in 4.209.4(a) of this rule:

(1) A nurse practitioner or clinical nurse specialist working in collaboration with the ordering physician, or
(2) A physician assistant under the supervision of the ordering physician.

(d) For beneficiaries requiring DME immediately after an acute or post-acute stay, the attending acute or post-acute physician may perform the face-to-face encounter.

4.209.4 Conditions for Coverage

(a) For the initiation of DME, the ordering physician or NPP must conduct a face-to-face encounter with the beneficiary no more than six months prior to the start of service.

(1) The face-to-face encounter must be related to the primary reason the beneficiary requires DME.

(2) The face-to-face encounter may be conducted in person or through telemedicine.

(3) For Vermont Medicaid, the face-to-face requirement only applies to items of DME that are also subject to the face-to-face requirement under Medicare.

(4) The ordering physician must document:

(A) That the face-to-face encounter is related to the primary reason the beneficiary requires DME,
(B) That the face-to-face encounter occurred within the required timeframe,
(C) The practitioner who conducted the encounter, and
(D) The date of the encounter.

(5) The NPP performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record.

(b) DME is covered when it is medically necessary. Medical necessity includes when the item is necessary to perform activities of daily living. When ordering DME, a physician must provide sufficient information to document the medical necessity of the item being prescribed.

(c) A beneficiary's need for DME must be reviewed by a physician at least annually.

(d) DME may be suitable for use in any setting in which normal life activities take place. Coverage is not restricted to DME that is used in the home.

(e) DME shall be rented or purchased based upon the beneficiary's condition and the period of time the equipment will be required. The total cost of the rental shall not exceed the total value of the item. DVHA publishes and maintains a list of rented DME.

(f) DME providers are expected to maintain adequate and continuing service and support for Medicaid beneficiaries.

(g) Replacement of DME will be authorized when changing circumstances or conditions are sufficient to justify replacement with an item of different size or capacity, when the useful lifetime has been reached, or when the device no longer safely addresses the medical needs of the beneficiary and can no longer be repaired.

(h) Vermont Medicaid is the owner of all purchased equipment. Such equipment shall not be resold. Serviceable DME may be recovered for reuse or recycling when the beneficiary no longer needs it. The beneficiary shall notify Vermont Medicaid when serviceable equipment is no longer needed or appropriate for the beneficiary.

(i) The conditions of coverage do not apply to items reimbursed as a component of an institutional payment.